THE CLINICAL REPORT

OF THE

GENERAL LYING-IN HOSPITAL,

YORK ROAD, LAMBETH,

LONDON, S.E.

FOR THE YEAR 1912.

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MEDICAL STAFF.

Consulting Physicians :

Sir F. H. Champneys, Bart., M.D., F.R.C.P.

W. R. Dakin, Esq., M.D., F.R.C.P.

Consulting Surgeon :

Sir Rickman J. Godlee, Bart., B.A., M.S.

Visiting Physicians :

John S. Fairbairn, Esq., M.A., B.M., B.CH. (Oxon), F.R.C.S., F.R.C.I

G. F. Darwall Smith, Esq., M.A., B.M., B.CH. (Oxon), F.R.C.S.

Physician to the Out Patients.

J. P. Hedley, Esq., M.A., M.B., M.C. (Cantab), F.R.C.S., M.R.C.P.

General Physician :

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General Surgeon :

E. C. Hughes, Esq., M.A., M.C. (Cantab), F.R.C.S

Dental Surgeon :

A. Hopewell Smith, Esq., M.R.C.S., L.R.C.P., L.D.S.

Bacteriologist :

Harold R. D. Spitta, Esq., M.D., L.R.C.P.

Pathologist :

R. Salusbury Trevor, Esq. M.A., M.B., B.C.

Registrar :

D. W. Roy, Esq. M.A., M.B., B.C. (Cantab.), F.R.C.S., L.R.C.P

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REPORT

OF

THE GENERAL LYING-IN HOSPITAL,

For the Year ending December 31st, 1912.

THIS report deals with nine hundred and thirty-eight in-patients admitted in 1912, and 2,421 out-patients. Thirty-six beds were in occupation during the year.

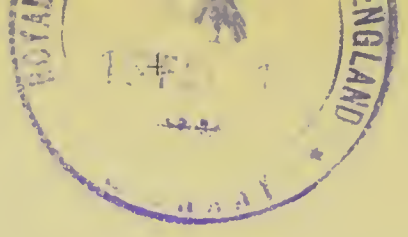
During the year eleven students of St. George's Hospital received a month's instruction in addition to the Midwives and Monthly Nurses mentioned in the General Report.

STUDENTS TRAINED DURING YEAR 1912.

Male Students	11
Midwives trained in the Hospital ..	49
Midwives trained in the District ..	113
Maternity Nurses trained in the Hospital..	61

Signed,

D. W. ROY,
Registrar.



OUT-PATIENT DEPARTMENT.

DURING the year 2,421 Out-patients were attended by the district midwives attached to the Hospital, at the patients' homes.

Three hundred and ninety-one of these patients were also attended at their homes by the Resident Medical Officers on five hundred and twenty occasions.

The cases attended by the Resident Medical Officers may be seen in the following list. Twenty-five of these patients were admitted into the Hospital as unfit for treatment as Out-patients, and several were sent to general hospitals for further treatment.

Cases of Normal Labour	12	Retained Membranes	21
Forceps Delivery	53	Perineal Lacerations	25
Persistent Occipito Posterior	15	Ruptured Vagina	1
Breech and Footling	7	Maternal Illness in Pregnancy	8
Face Presentation	2	Maternal Illness in Puerperium, viz.—	
Transverse Lie	6	Pulmonary	17
Twins	6	Pyrexia	36
Hydramnios	2	Mammary	4
Hydrocephalus	1	Severe Sapraemia	2
Miscarriage	2	Septicaemia	1
Antepartum Hæmorrhage	24	Varicose Veins and Thrombosis	7
Placenta Praevia	2	Uterine Displacements	2
Prolapse of Cord	3	Urinary	2
Contracted Pelvis	6	Insanity	1
Uterine Inertia	2	Unclassified	30
Craniotomy	1	Illness of the Child, viz.	
Decapitation	1	Still birth	15
Eclampsia	4	Prematurity	26
Epilepsy in Labour	1	Other illnesses and deformities	20
Post-partum Hæmorrhage	13		
Puerperal Hæmorrhage	1	Total	391
Retained Placenta	9		

IN-PATIENTS.

Nine hundred and thirty-eight patients were admitted to the hospital during the year. Of these nine hundred and thirty-four were delivered in the hospital and two patients were admitted after delivery.

One patient was admitted for a miscarriage at the twelfth week, and one, admitted with pyelitis, was discharged convalescent before delivery.

The nine hundred and thirty-four patients delivered, comprised two hundred and ninety-four primiparæ and six hundred and forty multiparæ. They were delivered of nine hundred and forty children including six pairs of twins.

The presentations are classified in the following list.

Vertex	905	Cases = 96.29 per cent.
Brow	1	
Face	4	
Breech	23	
Transverse Lies	7	
	940	

VERTEX PRESENTATIONS.

The nine hundred and five vertex presentations were made up as follows :—

R.O.P.—A. L.O.P.—A. denote cases in which the occiput started posteriorly and rotated forwards naturally. The cases in which rotation forwards of the occiput was carried out by manipulation are denoted Man. Rot., i.e., manually rotated.

	Primiparæ.	Multiparæ.	Total.	
L.O.A.	172	349	521	57.5 per cent
R.O.A.	66	160	226	24.9 per cent
R.O.P.—A.	15	43	58	
Do. Man. Rot.	4	1	5	8.6 per cent
R.O.P.	3	12	15	
L.O.P.—A.	17	45	62	
Do. Man. Rot.	3	0	3	8.8 per cent
L.O.P.	2	13	15	
	282	623	905	

FACE AND BROW PRESENTATIONS.

The child presented by the face on four occasions, and in three of these cases the mother was a primipara.

In two cases the child was stillborn ; in the first of these cases the mother was a primipara, and in the second the mother was a multipara, who was admitted with the head impacted and the chin posterior. The pelvis was contracted and the child large. Craniotomy was performed and the fragments of the child when delivered weighed over nine pounds.

One case of brow presentation in a primipara was admitted ; it was delivered as a face after extension.

Detailed List.

Index No.	Presentation	Maturity	Para	Cont. Pelvis	Treatment	Result M.	Result C.
173	R.M.P.—A.	40 wks.	1	No	Expectant	G	S
177	R.M.P.	40 wks.	2	Yes, C.V. 3¼″	Craniotomy	G	S
319	Brow L.M.A	36 wks.	1	No	Chin pulled down	G	G
712	R.M.P.—A.	40 wks.	1	No	Low Forceps	G	G
859	R.M.A.	40 wks.	4	Yes	Expectant	G	G

S=Stillborn. G=Good condition on discharge.
C.V.=Conjugata vera.

BREECH PRESENTATIONS.

Twenty-three children presented by the breech during the year. And of these seven were the children of primiparæ, sixteen of multiparæ.

Two children presented by the breech as one of twins, both in the case of multiparæ.

Delivery was effected in all cases by shoulder traction or by the Mauriceau-Veit grip combined with suprapubic pressure.

Twelve children born at term, were alive and well on the twelfth day after delivery.

Of eleven premature children, eight were stillborn.

In the eight stillbirths are included six cases in which the presentation and mode of delivery were not the cause of death,

other complications being present. They include

Macerated Foetus	1
Hydrocephalus	1
Prolapse of Cord and Small Round Pelvis	1
Placenta Praevia	1
Antepartum Hæmorrhage ..	1
Eclampsia	1
Total ..	6

The two remaining stillborn children were feeble infants of thirty and thirty-two weeks maturity.

BREECH CASES AND RESULTS.

	Term.		Premature.		
	Living	Stillborn	Living	Stillborn	Total
Primigravida ..	5	0	0	2	7
Multiparæ ..	7	0	3	6	16

TRANSVERSE LIES.

Seven children during the year were found to be lying transversely, including one of twins. Two of the mothers were primiparæ.

Three children were stillborn, including one twin of 28 weeks maturity, and one dead child which was decapitated in order to deliver.

Six of the mothers did well. One mother died of septic peritonitis. In this case attempts at version had been made prior to admission, and the uterus infected then, as shewn by foetid liquor amnii and a rigor following immediately after delivery.

(See under Version and Maternal deaths.)

TWINS.

Twins were delivered six times during the year; the mothers were all multiparæ.

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Detailed Table.

Index No.	Variety.	Sex.	Maturity.	Presentations. 1st	2nd	Parity.	Weights. lbs.	ozs.	lbs.	ozs.	Result. Mother	Children.		Remarks.
40	Binovular	Male	40 wks.	LOP.	ROA.	4	7	9	7	3	G.	G.	G.	
540	Binovular	M & F.	32 wks.	ROA.	RSA.	9	4	1¼	3	8½	G.	D.	D.	Antepartum Hæmorrhage
581	Binovular	F & M	28 wks.	Transv.	LOA.	10	2	6	2	10	G.	D.	D.	Prematurity.
645	Monovular	Male	40 wks.	LOP.	ROP.	3	5	0	5	1	G.	G.	G.	Albuminuria.
693	Binovular	Male	34 wks.	LOP.	ROA.	12	3	14¾	3	8	G.	D.	D.	Hydramnios Macerated.
707	Binovular	Male	36 wks.	LSA.	LOP—A.	5	5	0	7	4	G.	G.	G.	Hydramnios.

Case No.	Age.	Para.	Maturity.	Concealed or Apparent.	Possible Causation.	
43	21	2	Term	Apparent		Ex
68	36	7	30 wks.	Apparent		He
118	47	10	Term	Apparent		Ex
275	36	11	Term	Apparent	Washing Heavy day	Va o u
320	43	9	36 wks.	Concealed mostly, some apparent	Probably toxæmia	Va t l
371	24	3	28 wks.	Apparent	Fall	Erg
385	28	2	36 wks.	Concealed		Me
511	28	4	Term	Apparent		Va
540	37	9	32 wks.	Apparent		Va
559	18	1	Term	Concealed and apparent	Toxæmia Albuminuria	Va n
562	38	14	34 wks	Apparent		Ex
573	32	7	36 wks.	Concealed	?Alcoholism	Bin
699	21	2	Term	Apparent	Xanthorrhœa	Ex
813	35	3	Term	Apparent		Ex
854	31	6	Term	Concealed	?Syphilis or toxæmia	Ru H
935	33	5	30 wks.	Apparent	Toxæmia	Ex

CASES OF ACCIDENTAL HÆMORRHAGE.

Case No.	Age.	Para.	Maturity.	Concealed or Apparent.	Possible Causation.	Treatment.	Result 12th Day. Moth.	Chd.	Remarks.
43	21	2	Term	Apparent		Expectant	G	G	Very slight hæmorrhage
68	36	7	30 wks.	Apparent		Hegar's Dilators & De Ribes Bag	G	D	Stillborn
118	47	10	Term	Apparent		Expectant	G	G	Slight hæmorrhage
275	36	11	Term	Apparent	Washing Heavy day	Vaginal Plugging, Binder, Rupture of memb. Inj. of Ergot and Pituitrin	G	G	Severe hæmorrhage
320	43	9	36 wks.	Concealed mostly, some apparent	Probably toxæmia	Vaginal Plugging, Ergot after Rupture of membrane, De Ribes Bag, Pituitrin and Saline injections	G	D	Macerated foetus. Mother severe sapraemia & bronchitis in Hosp. six weeks, one and a half pints hæm.
371	24	3	28 wks.	Apparent	Fall	Ergot and Tight Binder	G	D	Slight, only lived a few hours
385	28	2	36 wks.	Concealed		Memb. ruptured, Ergot & Binder	G	D	Stillborn
511	28	4	Term	Apparent		Vaginal Plugging and Ergot	G	D	Stillborn
540	37	9	32 wks.	Apparent		Vaginal Plugging and Ergot	G	DD	Slight hæmorrhage, feeble twins, lived a few hours.
559	18	1	Term	Concealed and apparent	Toxæmia Albuminuria	Vaginal plugging after Rupture of membranes	G	D	Stillborn. One pint hæm.
562	38	14	34 wks	Apparent		Expectant	G	D	Hæmorrhage slight. Child premature feeble, lived a few hours
573	32	7	36 wks.	Concealed	?Alcoholism	Binder Ergot	G	G	Sixteen ounces hæm.
699	21	2	Term	Apparent	Xanthorrhœa	Expectant	G	G	Slight hæmorrhage
813	35	3	Term	Apparent		Expectant	G	G	Slight hæmorrhage
854	31	6	Term	Concealed	?Syphilis or toxæmia	Rupture of membranes, Pituitrin Hot Douche, Forceps	G	D	Child stillborn. All previous children either stillborn or died soon after birth. 14 ozs. hæm.
935	33	5	30 wks.	Apparent	Toxæmia	Expectant	G	D	Macerated fœtus. The mother has had antepartum hæmorrhage with all her children which have been premature. Two are living. She has had epileptic fits.

HYDRAMNIOS.

Three cases are recorded during the year in which the liquor amnii was present in pathological excess.

Short details of the cases are given below.

No. 221. The mother was a 13 para aged 33. The presentation was V2. The child was a stillborn male of about thirty-six weeks maturity with a large teratoma the size of two fists projecting from its mouth and growing from the roof of the naso-pharynx. Thirteen pints of liquor amnii were collected. The mother had post-partum hæmorrhage amounting to 26 ounces. She made a good recovery.

No. 655. The mother was a 10 para ; the presentation was V2. Five pints of liquor amnii were collected. Uterine inertia necessitated the use of the forceps. The child was a female in good condition and the mother also did well.

No. 707. Binovular Twins, both male. Presentation 1st L.S.A., 2nd L.O.P.—A. The first amniotic sac contained one and a half pints of liquor amnii, the second three and a half pints. Labour was natural and the mother and children did well.

ACCIDENTAL HÆMORRHAGE.

Sixteen cases of hæmorrhage due to the detachment of an apparently normally situated placenta were admitted during the year. In eight of these, the bleeding was slight in amount. In three cases the bleeding was concealed, in four cases partly concealed and partly external, in nine cases it was external for the most part.

All the mothers eventually recovered, one (No. 320) had severe sapræmia and bronchitis and was in the hospital for six weeks.

Of the seventeen children six were alive and well on the twelfth day after delivery. Four children, including a pair of twins, were premature and lived only a few hours. Seven children were stillborn and of these two were macerated.

In seven of the fifteen cases there was a history of a possible cause or associated pathological condition.

In three cases there was evidence of pregnancy toxaemia, in one of maternal syphilis. In one case, there was a marked purulent vaginal discharge during pregnancy which may have been associated with decidual disease.

One patient gave a history of a fall and another of a hard day's washing preceding the onset of hæmorrhage.

The results show a foetal mortality of 60 per cent., and a maternal mortality of nil.

A table of cases is appended.

PLACENTA PRAEVIA.

Twelve cases of Placenta Praevia were admitted during the year.

In five of these the position of the placenta is said to have been marginal, in six lateral, in one central. All the mothers were multiparæ.

In all cases the mothers recovered, though in two the puerperium was marked by severe sapraemia.

Ten of the children were discharged in good condition on or after the twelfth day from birth ; two were stillborn.

The maternal mortality was therefore nil, the foetal mortality was 16.6 per cent.

Two mothers had post-partum hæmorrhage in addition to ante-partum hæmorrhage.

In one case prolapse of the cord occurred, necessitating rapid delivery, with good result to mother and child.

One case was complicated by contracted pelvis making Cæsarean section the best treatment.

In one case ventro-fixation of the uterus had been performed a year previously.

A detailed table of the cases and treatment is appended.

PLACENTA PRÆVIA.

Case No.	Para.	Age.	Maturity.	Presentation.	Variety.	Treatment.	Result 12th Day. Mother.	Child.	Remarks.
76	2	39	Term	V_3—V_2	Lateral	CHcl3, Rupture of Membranes. High Forceps failed. Internal Version. Intravenous Saline	Good*	Died	*Mother sapræmia 19 days, child still-born
294	5	31	Term	V_2	Lateral	CHcl3, Bipolar Version. Os admitting 2 fingers on admission.	Good	Died	Child stillborn
325	3	34	Term	V_2	Marginal	Rupture of Membranes, Ergot and Binder	Good	Good	
469	2	26	Term	V_2	Lateral	Rupture of Memb., Binder Os 5/- on admission	Good	Good	Slight P-P.H. also
475	8	38	Term	L.S.A.	Lateral	Vaginal plugging CHcl3, Leg brought down	Good	Good	
588	5	34	Term	L.S.A.	Central	Os 5/- on admission, CHcl3, Leg brought down	Good*	Good	*Mother severe sapræmia six weeks
654	4	27	36 wks.	V_2	Lateral	Vaginal Plugging, External Version, Leg brought down, Prolapse of Cord, Rapid Delivery	Good	Good	
717	9	34	Term	V_1	Marginal	De Ribes Bag, Natural Delivery	Good	Good	P.P.H. 30 oz.
736	6	30	Term	V_1	Lateral	Vaginal Plugging and Tight Binder Natural Delivery	Good	Good	Hæmorrhage slight, Ventro—fixation a year previously
797	5	28	Term	V_3—V_2	Marginal	Expectant, Natural Forces	Good	Good	
828	9	33	Term	V_1	Marginal	Expectant, Natural Forces	Good	Good	
937	2	27	38 wks.	V_1	Marginal	Cæsarean Section	Good	Good	Contracted Pelvis, Diag. Conjugate $4\frac{1}{4}$

POST-PARTUM HÆMORRHAGE.

Any case, in which the amount of blood lost after delivery exceeds one pint, is included under the heading of post-partum hæmorrhage.

Twenty-nine cases of this complication occurred during the year, fourteen in primiparæ, fifteen in multiparæ. The greatest amount of blood lost was two and a half pints.

This complication necessitated manual removal of the placenta in nine cases, of retained membranes in two. In three cases the placenta was morbidly adherent. In four cases the post-partum hæmorrhage occurred after extraction with the forceps under chloroform. In one case it complicated twin labour, in one labour with hydramnios and the birth of a monster.

Two patients with albuminuria of pregnancy suffered from post-partum haemorrhage.

In one case part of the blood came from a cervical laceration.

The routine treatment employed is to empty the uterus of the placenta and membranes, if retained, or of clots either by expression or by exploration and removal with the hand ; then to give a vaginal douche of 1 in 4000 Perchloride of Mercury at a temperature of 118° F. followed by an intra-uterine douche of the same if needed. The intra-uterine douche is followed by one of normal saline solution.

Aseptic Ergot or Pituitrin is injected intra-muscularly and kneading of the uterus per abdomen is kept up until good retraction is obtained.

This treatment arrested the hæmorrhage in all cases and the mothers recovered.

MANUAL REMOVAL OF THE PLACENTA.

In thirteen cases the placenta was removed by hand. In eight of these the immediate reason was post-partum hæmorrhage.

In four cases the placenta was morbidly adherent. In three cases it was removed after delivery with the forceps and in one after craniotomy.

Two of these cases had puerperia included under the heading of morbid. That is the temperature rose above 100° F. without other known cause. In one of them the amniotic fluid was noticed to be offensive at the time of delivery. The rest of the cases had entirely normal puerperia.

Excluding the case with offensive liquor amnii the morbidity percentage due to manual removal of the placenta, even when associated *with post-partum hæmorrhage as in many of these cases, is 8.3 per cent. This suggests that manual removal of the placenta with proper antiseptic precautions both before and after it is done is not a common cause of morbidity in the General Lying-in Hospital.

* Cases of Post-partum hæmorrhage not associated with manual removal of the placenta, are noticed to have a disturbance of temperature in the puerperium more frequently than normal cases.

CORD COMPLICATIONS.

Five cases of Prolapse of the Cord were treated in the Hospital during the year, with two still-births.

Case No.	Associated Abnormality.	Treatment.	Result. Mother	Result. Child
121	Hydramnios	Replacement Knee Elbow Position, Nat. Delivery	Good	Good
257	Normal V1,	Knee Elbow Position Natural Delivery	Good	Good
264	Contracted Pelvis, True Conjug. 3 inches	Cæsarean Section	Good	Stillborn
432*	Small Round Pelvis, True Conjug. 3⅛ inches Cord & Breech Pres'g	Extraction of Breech	Good	Stillborn
933	Contracted Pelvis True Conjug. 3½ inches	Replacement under Chloroform Natural Delivery	Good	Good

* This Patient should have come in for Cæsarean Section at beginning of labour

ALBUMINURIA.

All the primi-gravidæ who apply for cards for treatment either as Out-patients or In-patients are examined at about the seventh month of pregnancy. Multiparæ with a suspicious history at previous pregnancies or with any abnormality are also required to come up for examination. All the patients who come up for examination have their urine tested for albumin as a routine at the seventh month. If albumin is found to be present, a catheter specimen is tested for confirmation, and the patients are instructed as to their diet and required to come up for examination at regular intervals or if necessary are admitted at once. All patients have instructions given to them at once to seek advice if swelling of the legs or face, headache, dyspeptic symptoms, disorders of vision, etc. occur, or if severe constipation and diminution in the amount of urine are noticed. If patients are admitted, a record is kept of the amount of their daily excretion of urine and of the amount of albumin. The treatment consists for the most part of rest in bed with milk diet, purgation and diaphoresis. If the symptoms do not improve, the induction of premature labour is considered.

Patients admitted in labour all have the urine tested for albumin at once if other conditions allow of it.

Twenty-five patients were admitted during the year with albuminuria either in the later months of pregnancy or at term. Fourteen of these were admitted to the hospital during the later months of pregnancy, and eleven were admitted with albuminuria during labour.

(Cases of Eclampsia which also shew albuminuria are not included in this Section.)

Of the fourteen cases admitted with albuminuria during pregnancy, twelve improved sufficiently with treatment to go to term. In the case of the other two, induction of premature labour was performed for increase of albumin and the onset of other toxæmic symptoms. Both the mothers did well and one child; the second child was macerated.

The fourteen patients who went to term were delivered of twelve healthy children, including a pair of twins, and three stillborn children, one of which was macerated.

The eleven patients admitted with albuminuria during labour, were delivered of ten healthy children and a pair of macerated twins.

Considering the puerperia of all the cases of albuminuria, sixteen had the urine free from albumin on the third day of the puerperium. In four cases albumin was still present in the urine in small amount as late as the seventeenth day when the patients were discharged and referred to a general hospital for further treatment.

Three patients with albuminuria had complications in labour. One had ante-partum hæmorrhage necessitating vaginal plugging. The child was stillborn in this case.

Two patients had post-partum hæmorrhage, and in one case this was severe. All the patients recovered.

A detailed list of cases follows.

Case No.	Parity.	Albuminuria Present During Pregnancy.	Albuminuria Present During Labour.	Albuminuria Present During Puerperium.	Other Toxæmic Symptoms.	Treatment.	Result. Mother.	Result. Child.	Remarks.
272	2	Present	Slight amount	No.	None	Expectant and Diet, etc.	Good	Good	
381	1	No	Mod. amount	No.	None	Expectant and Diet	Good	Good	
393	3	No	Slight amount	No	Swelling of legs and face	Expectant and Diet, etc.	Good	Good	
112	12	Present	.2 per cent.	No	Swelling of legs Bronchitis	Expectant and Diet	Good	Good	
351	1	No	Heavy cloud	No	None	Expectant and Diet	Good	Good	
354	6	Present	Heavy cloud	Trace 3rd day	Swelling of legs	Expectant and Diet, etc.	Good	Good	
449	1	Heavy cloud 36 weeks	Solid	Not noted	Headache	Induction after Expectant	Good	Good	
462	1	No	Trace	Not noted	None	Expectant and Diet, etc.	Good	Good	
487	1	No	Heavy cloud	None 3rd day	None	Expectant and Diet, etc.	Good	Good	
499	1	Present 36 wks.	None	None	None	Expectant and Diet, etc.	Good	Good	
513	1	No.	Heavy cloud	Not noted	None	Expectant and Diet, etc.	Good	Good	
559	1	Present 38 weeks	Heavy cloud	Not noted	None	Vaginal Plugging for Ante-partum Hæmorrhage	Good	Stillborn	
563	1	No	Large quantity	.6 per cent when discharged	None	Expectant, Diet, etc.	Good	Stillborn Twins	Macerated
579	1	Heavy cloud 36 weeks	Heavy cloud	Trace on discharge	None	Expectant, Diet, etc.	Good	Good	Treated Chronic Nephritis at Charing X Hospital.
607	1	.6 per cent at 39 wks.	.3 per cent	None on 3rd day	Present.	Diet and Induction	Good	Mac.	
616	2	Present	Heavy cloud	Not noted	None	Expectant and Diet	Good	Mac.	
645	3	Present	Heavy cloud	None on 3rd day	None	Expectant and Diet	Good	Twins G	
664	1	Loaded	Heavy cloud	.5 per cent 3rd day .2 per cent 17th day	Headache and visual symptoms	Expectant, Diet and Hot Packs	Good	Stillborn	
671	1	No	Heavy cloud	Present 2nd day	None	Expectant, etc.	Good	Good	
763	2	No	Slight	None on 3rd day	Developed slight Melancholia but recovered	Expectant, etc.	Good	Good	
766	1	.2 per cent.	.6 per cent.	.2 per cent 17th day	None	Diet and Expectant	Good	Good	
786	1	Trace	Considerable	not noted	None	Diet and Expectant	Good	Good	
858	1	Moderate Amount	.1 per cent.	.075 per cent 5th day	None	Diet and Expectant	Good	Good	Severe P.P.H.
879	2	No	Heavy cloud	None on 5th day	None	Diet and Expectant	Good	Good	
894	2	No	Heavy cloud	None on 3rd day	None	Diet and Expectant	Good	Good	Slight P.P.H.

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Treatment.	Result.	Remarks.
Infusion, Tinct. Veratrum, 2 hrly., Hot Packs, Croton mel, Hegar's Dilators, De , Version, Morphia gr.$\frac{1}{4}$	G D	Previous symptoms of toxæmia, headache, oedema and epigastric pain. No albumin 3rd day. puerperium.
ators, De Ribes Bag, Forceps. Saline O_2, Tinct. Veratrum, 2 hrly.	G D	Previous symptoms of toxæmia, headache visual disturbance, epigastric pain. Child lived 18 hours. Albumin present and high tension pulse on discharge 18th day.
ps, Subcutaneous, Intraven- Rectal Saline, Hot Packs, Oil, Tinct Veratrum Viride orphia gr.$\frac{1}{4}$ bis. Calomel gr V.	G G	
Section under Ether, Saline ritoneal cavity, Tinct Verat- e mxx sub-cut. Croton Oil, vage, Venesection	D G	**Post-Mortem**—Liver many hæmorrhages and areas of necrosis, Kidneys acute tubal nephritis, Oedema of both lungs
. $\frac{1}{2}$, Cæsarean Section under lomel gr. v. Saline per Rectum Extract, Pituitrin and Digit-	D Mac	Previous symptoms : Jaundice, Vomiting, and hæatemesis **Post-Mortem**—Liver large, bile stained, shewed hæmorrhages micr. resembled eclampsia. Kidneys shewed cloudy swelling
ag, Forceps, Veratrum Viride peated once, Venesection, paths, Calomel gr., v Mag.	G G	Previous symptoms of toxæmia, headache and oedema. No albumin 6th day of puerperium

ECLAMPSIA.

Six patients suffering from eclampsia were admitted during the year, of whom two died. Three children were still-born, one of these was macerated and one not viable.

Cæsarean Section was performed twice for eclampsia. Both were very severe cases of toxæmia with deep coma, and both mothers died after temporary improvement (see maternal deaths).

In the first case (No. 590), the child, though premature survived. In the second case, with symptoms of icterus gravis gravidarum as well as eclamptic fits, the child was macerated. Neither of these patients were in labour, so that rapid delivery by Cæsarean Section seemed to be the only hope of saving the mother.

Another case of toxæmia with fits bearing some resemblance to eclampsia was admitted. The mother developed transitory hemiplegia and when that recovered, mental symptoms. Delivery was natural and easy and the child did well. (See no 277 Special Cases.)

OBSTETRIC OPERATIONS.

FORCEPS.

The forceps was used to assist delivery on fifty-six occasions during the year. In thirty-eight cases the patients were primiparæ, in eighteen they were multiparæ.

One maternal death is included in this series as the forceps was applied to hasten delivery. The cause of death was acute peritonitis apparently existing before labour. (See Maternal Deaths No. 704.)

Six children were either stillborn or only lived a few hours. Three of these died from causes apart from the method of delivery. One died as the result of ante-partum hæmorrhage, one as the result of maternal eclampsia and one as the result of acute peritonitis of the mother prior to delivery. (See No. 704.)

Laceration of the perineum requiring suture occurred in 17 cases.

The puerperium was 'morbid,' *i.e.* the temperature reached 100° F. on at least one occasion in 13 primiparæ and 5 multiparæ, eighteen cases in all. In most of these the rise of temperature may be attributed to reaction.

The indications for the application of the forceps and the results to mother and child are shewn in the following table.

FORCEPS.

Indication for Forceps.	Primiparæ	Multiparæ	Maternal Good Recovery	Fœtal Good Recovery	Stillborn
Uterine Inertia	13	4	17	17	0
Rigidity of Soft Parts	11	1	12	12	0
Large Children	0	3	3	3	0
Occipito Posterior after Manual Rotation	6	2	8	7	1
Occipito Posterior Unreduced	2	1	3	3	0
Contracted Pelvis	2	3	5	4	1
Contracted Pelvis following Induction ..		1	1	0	1
Face Presentation	1	0	1	1	0
Brow after Flexion		1	1	1	0
Concealed Accidental Hæmorrhage ..		1	1	0	1
Acute Peritonitis	1		Died		1
Eclampsia	2	1	3	2	1

VERSION.

Version was performed on eight occasions to effect delivery.

The indication in four cases was a transverse lie, in two cases placenta praevia, in one case failure to deliver with the forceps in a flat pelvis, in one case eclampsia at the twenty-fifth week of pregnancy.

Five children were stillborn of whom one was not viable. One mother on whom version had been attempted by a practitioner before admission died of septic puerperal peritonitis. (See Maternal deaths.)

List of Cases, indications, and results below.

Hosp. No.	Indication.	Variety.	Result. Maternal.	Result. Foetal.
152	Eclampsia at 25th week	Internal	Good	Stillborn
294	Placenta Praevia	Bipolar	Good	Stillborn
369	Flat Pelvis, Forceps failed, Conjugate $3\frac{3}{4}$ inches, Multipara	Internal	Good	Stillborn
391	Transverse Lie, Multipara	Internal	Good	Good
456	Transverse Lie, Primipara	Internal after De Ribes bag	Good	Stillborn
472	Transverse Lie, Version attempted outside	Internal	Died*	Stillborn
534	Transverse Lie, Multipara	Internal	Good	Good
654	Placenta Praevia, Multipara	External	Good	Good

* See Maternal Deaths.

INDUCTION OF PREMATURE LABOUR.

Premature labour was induced during the year on five occasions, twice for eclampsia, twice for increasing albuminuria, once for contracted pelvis.

Hosp. No.	Indication.	Method.	Result. Maternal	Result. Foetal
152	Eclampsia	Hegar's Dilators and De Ribes Bag, Rapid.	Good.	Stillborn.
209	Eclampsia	Hegar's Dilators and De Ribes Bag.	Good.	Lived 18 hours.
341	Contracted Pelvis at 38 weeks Diag. Conjug. $4\frac{1}{4}''$ Inter Sp. 9″ Inter cristal 10″	Krause's Method, Bougies Forceps.	Good.	Lived 12. hours.
449	Albuminuria at 39 weeks	Krause's Method, Bougies.	Good.	Good.
607	Albuminuria	Krause's Method, Bougies.	Good.	Macerated.

DECAPITATION.

This operation was performed once (No. 582) for a transverse lie with the shoulder impacted. The child was dead and the uterus much retracted. Decapitation was performed with the sharp hook and the head extracted by traction and expression. The mother did well.

(For Craniotomy see under Contracted Pelvis.)

CÆSAREAN SECTION.

Cæsarean Section was performed seven times during the year. Five mothers recovered and two died, both of the toxæmia of eclampsia. Five children were alive and well on discharge, including one whose mother died of eclampsia. Two children were stillborn and one of these, the child of a mother with eclampsia and icterus gravis gravadarum, was macerated.

A list of cases, indications for operation and results follows below.

CÆSAREAN SECTION.

Hospital No.	Indications.	Para.	Result Maternal.	Result Fœtal.	Remarks.
244	Flat Contracted Pelvis, True Conjugate 3 inches Previous history, four still-births.	5	Good	Good	Just before term.
264	Rickety Flat Pelvis. Diameters Intercristal 10 inches, Inter Spinous 10 inches, True Conjugate $3\frac{1}{4}$ inches.	1	Good	Stillborn	In labour, membranes ruptured, cord prolapsed.
512	Generally Contracted Flat Pelvis. Inter-spinous $9\frac{3}{4}$, Intercristal $10\frac{3}{4}$, True Conjugate $2\frac{1}{2}$ inches.	7	Good	Good	In labour.
590	Eclampsia, many fits, deep coma (see under Eclampsia)	10	Died	Good	Not in labour.
628	Eclampsia and Icterus Gravis (see under Eclampsia) ..	2	Died	Macerated	Not in labour.
702	Contracted Pelvis, Flat, True Conjug. $3\frac{3}{4}$. ..	4	Good	Good	39 weeks.
937	Small Round Pelvis and Lateral Placenta Praevia, True Conjug. $3\frac{1}{2}$ inches.	2	Good	Good	38 weeks.

CONTRACTED PELVIS.

Twenty-four cases of pregnancy with Contracted Pelvis were admitted during the year. Seven of these patients delivered themselves naturally, one was treated by induction of premature labour at the 38th week. Six patients were delivered with the forceps, one by Version. Five patients were delivered by Cæsarean Section. In four cases Craniotomy was performed, three of these were patients admitted when labour was far advanced after treatment outside. In no case was the child living when craniotomy was performed.

Detailed list of cases follows. (See also under Version Induction and Cæsarean Section.)

I. CONTRACTED PELVIS. NATURAL DELIVERY. LABOUR SPONTANEOUS.

Case No.	Age.	Para.	History of Previous Labours. Mat'y. in weeks	Nat. Delivery at Term. Alive.	Nat. Delivery at Term. Dead.	Instruments at Term. Alive.	Instruments at Term. Dead.	Induction of Prem. Labour. Alive.	Induction of Prem. Labour. Dead.	Pelvic Measurements. Ant. Int. Spin. inches	Int. Cr. inches	Ext. Conj. inches	Diag. Conj. inches	True Conj Est inches	Position.	Child. Weight. lbs.	Child. Weight. ozs.	Child. Head Circ. inches	Child. length inches	Results. Mother.	Results. Child.
433	26	2	40	1	—	—	—	—	—	—	—	—	4	$3\frac{1}{3}$	V_3—V_2	7	6	$13\frac{1}{2}$	20	Good	Good
495	34	2	40	1	—	—	—	—	—	$10\frac{1}{2}$	$11\frac{1}{2}$	$7\frac{1}{4}$	4	$3\frac{1}{3}$	V_1	7	0	$12\frac{1}{2}$	20	Good	Good
514	26	1	40	—	—	—	—	—	—	$8\frac{3}{4}$	$9\frac{3}{4}$	8	$4\frac{3}{4}$	$4\frac{1}{12}$	V_1	7	14	$13\frac{3}{4}$	21	Good	Good
772	32	7	36	—	—	—	1 Cran.	1	4	$8\frac{3}{4}$	$9\frac{3}{4}$	7	$4\frac{1}{8}$	$3\frac{1}{2}$	V_2	5	0	—	18	Good	Mac.
879	26	2	40	—	—	—	—	—	1misc.	$9\frac{1}{4}$	11	8	4	$3\frac{1}{3}$	V_1	7	4	14	20	Good	Good
933	24	3	38	—	—	—	1 Cran.	—	1	$8\frac{1}{2}$	$9\frac{3}{4}$	8	$4\frac{1}{4}$	$3\frac{1}{2}+$	V_2	6	$8\frac{1}{2}$	$13\frac{1}{2}$	19	Good	Good
932	39	6	31	—	—	—	5 2 Cran. 3 Forcp.	—	—	$9\frac{3}{4}$	$11\frac{1}{4}$	$6\frac{3}{4}$	4	$3\frac{1}{3}$	Br. 4	3	8	—	19	Good	Stillborn

II. CONTRACTED PELVIS. FORCEPS.

Case No.	Age.	Para.	History of Previous Labours. Mat'y. weeks	Nat. Delivery at Term. Alive.	Nat. Delivery at Term. Dead.	Instruments at Term. Alive.	Instruments at Term. Dead.	Induction of Prem. Labour. Alive.	Induction of Prem. Labour. Dead.	Pelvic Measurements. Ant. Int Spin. inches	Int. Cr. inches	Ext. Conj. inches	Diag. Conj. inches	True Conj Est inches	Position.	Child. Weight. lbs.	Child. Weight. ozs.	Child. Head Circ. inches	Child. length inches	Results. Mother.	Results. Child.
190	27	1	40	—	—	—	—	—	—	$9\frac{1}{2}$	$10\frac{1}{2}$	$8\frac{1}{2}$	$4\frac{1}{4}$	$3\frac{2}{3}$	V_1	8	1	14	20	Good	Good
262	20	2	40	1	—	—	—	—	—	$10\frac{1}{2}$	11	—	$4\frac{1}{2}$	$3\frac{3}{4}$	V_1	6	15	14	20	Good	Good
301	30	1	40	—	—	Obl	ique Con	trac	tion A	nkyl.	Hip	7	4	$3\frac{1}{3}$	V_1	5	$8\frac{1}{4}$	14	20	Good	Good
341	31	5	38 Ind	—	2	—	—	2	—	9	10	7	$4\frac{1}{4}$	$3\frac{1}{2}$	V_1	3	14	12	19	Good	Died
364	35	7	40	6	1	—	—	—	—	—	—	—	$4\frac{1}{4}$	$3\frac{1}{2}$	V_4—V_1	8	7	14	$20\frac{1}{2}$	Good	Good
369	36	3	40	1	—	—	1 Cran.	—	—	9	10	$7\frac{1}{2}$	$4\frac{1}{4}$	$3\frac{1}{2}$	V_2	9	0	$15\frac{1}{4}$	21	Good	Stillborn*
873	22	1	40	—	—	—	—	—	—	$9\frac{1}{4}$	$9\frac{1}{2}$	$7\frac{1}{4}$	$4\frac{1}{4}$	$3\frac{1}{2}$	V_1	8	12	—	20	Good†	Stillborn

* See Version, also † Septimus, 17, I...

III. CONTRACTED PELVIS. CRANIOTOMY.

Case No.	Age.	Para.	Mat'y. weeks	History of Previous Labours. Nat. Delivery at Term. Alive.	Dead.	Instruments at Term Alive.	Dead.	Induction of Prem. Labour. Alive.	Dead.	Pelvis Measurements. Ant. Int. Spin. inches	Int. Cr. inches	Ext. Conj. inches	Diag. Conj. inches	True Conj Est inches	Position.	Child Weight. lbs.	ozs.	Head Cir.	length	Results. Mother.	Child.
409	28	1	40	—	—	—	—	..	—	—	—	—	$3\frac{1}{2}$	$2\frac{3}{4}+$	V1	6	0	—	—	Good	Child dead on admission after forceps traction outside
478	30	2	40	—	—	—	—	—	1 Ind	9	$10\frac{1}{4}$	$7\frac{1}{2}$	$4\frac{1}{4}$	$3\frac{1}{2}$	V2—V2	6	12	—	20	Good	
849	27	1	40	—	—	—	—	—	—	—	—	—	$3\frac{3}{4}$	$3\frac{1}{8}$	V3	6	7	—	—	Good	
177	25	2	40	1	—	—	—	—	—	—	—	—	$4\frac{1}{2}$	$3\frac{3}{4}$	Face 1 Impacted	9	4	—	21	Good	

With one exception these were patients who had not presented themselves for examination during pregnancy and were admitted and operated on as emergencies, after treatment outside.

On one other occasion Craniotomy was performed on the aftercoming hydrocephalic head, Br. 1, 2 gravida.

See also tables under Cæsarean Section, Version and Induction of Premature Labour.

INFANT FEEDING AND PROGRESS.

FULL TERM CHILDREN.

During the year eight hundred and twenty-nine children born at full term left the hospital alive. Of these, seven hundred and twenty-three were fed entirely on the breast, viz., 87.2 per cent.

Of the seven hundred and twenty-three breast fed children, five hundred and eighty-four had reached or exceeded their birth weight on discharge, giving a percentage of 'Success in feeding' of 80.7%. One hundred and thirty-nine children had not regained their birth weight on discharge. Ninety-eight children owing to deficiency in the quality or quantity of the mothers' milk, were given *artificial food in addition to the mothers' milk. Forty-four of these had reached or exceeded their birth weight on discharge, fifty-four were still below their birth weight when discharged. Percentage success in feeding 44.9% for mixed feeding.

Eight children were fed entirely artificially with a percentage success in feeding of 87%.

The total percentage of 'Success in feeding' by all methods taken together for the year is 76.6%.

PREMATURE CHILDREN.

The thirty-two premature children discharged during the year included twenty-three who exceeded their birth weight on discharge. This gives a percentage Success in feeding of 71.8%.

For further details see tables of Infant Feeding below

FEEDING OF INFANTS.

FULL TERM CHILDREN.

Amount gained on Birth weight on Discharge.

Method of Feeding.	Gained 6oz and more.	Gained 3oz. and more.	Gained on birth weight	Regained birth weight.	Did not Regain	TOTAL.	Percentage Successful.
Breast	238	180	140	26	139	723	80.7%
Mixed	17	11	13	3	54	98	44.9%
Artificial	4	1	2	—	1	8	87.5%
Totals	259	192	155	29	194	829	76.6%
PREMATURE CHILDREN.							
Breast	6	4	2	—	5	17	70.6%
Mixed	4	1	2	—	3	10	70%
Artificial	1	—	2	—	1	4	75%
Totals	11	5	6	—	9	31	70.9%

* Artificial Food.—In most cases 1 pint of top milk, *i.e.* upper ¼ of new milk after standing 4 hours, with the addition of Sodii Bicarb., Gr. XX, Sodii Citrate gr XX, Lactose 1 oz. This is heated to 155° F. kept at that temperature for 20 minutes, and diluted with 2 pints of sterile water.

In other cases whey, or whey and cream, 6 parts of the former, 1 part of the latter, and in other proportions, or peptonized milk in various dilutions.

In considering the above statistics, it must be borne in mind that most of the children are discharged on the twelfth day unless their gain in weight is considered unsatisfactory. This is too short a time for much to be learnt from statistics.

Every effort is made to encourage and enable the mothers to feed their children entirely on the breast, taking into account the disadvantages and dangers of artificial feeding under their home conditions.

No child is therefore put on artificial feeding or subsidiary artificial feeds unless by repeated test feeding and weighing, the mother's milk is found to be deficient in quantity or unless for any reason it is found to be deficient in quality.

This principle, when carried into practice, naturally results in less favourable statistics when the first twelve days of the children's lives only are considered.

A further effect of this principle shows itself on the statistics of mixed feeding in the following way.

The greater number of the fifty-four full term children, included under the heading 'Failed to regain birth weight on mixed feeding,' were fed exclusively on the breast up till two or three days before discharge, the test feeds shewing the mothers' milk to be apparently sufficient in quantity. As these children shewed no sign of gaining weight, artificial feeds were added and they then gained steadily till their discharge but did not have time to regain their birth weight.

These cases when included in statistics up to the twelfth day only, appear to be cases of failure in mixed feeding, but are really cases of failure in breast feeding at any rate up to the twelfth day. At a later period again such children may return to breast feeding alone with good results.

INFANTILE MORTALITY.

During the year seventy-nine children were either born dead or died after delivery. This gives a gross infantile mortality of 8.5 per cent.

The seventy-four deaths may be classified as follows.

	Premature	Term	Total.
1. Macerated and Died before Labour ..	22	11	= 33
2. Died during labour	5	12	= 17
3. Died after delivery	23	6	= 29

The causes of death as far as could be ascertained in the cases included in the third section, "Died after delivery," were as follows.

Cause.	
Prematurity and Pulmonary Atelectasis ..	19
Atelectasis	1
Convulsions (apparently of alimentary origin)	1
Congenital Syphilis	1
Birth Injuries	2
Malignant Jaundice	1
Congenital Stricture of Intestine	1
Congenital Heart Disease	1
Marasmus	1

OPHTHALMIA NEONATORUM.

Ten children suffered during the year from ophthalmia, most cases were of a very mild degree shewn by stickiness of the eyelids. Two cases were severe and developed on the first and second days after birth.

One case, No. 832, occurred in a very feeble premature infant in which the instillation of ten per cent. Protargol customary in all cases immediately after delivery, was for some reason omitted.

This child unfortunately developed severe bilateral corneal ulceration.

MATERNAL MORBIDITY.

In this section all cases are included which shew a rise of temperature over 100° F. at any period after delivery, and of any duration, however short.

Among nine hundred and thirty-four cases delivered, one hundred and forty-three patients are classed as morbid under this system ; sixty-one primiparæ and eighty-two multiparæ.

This gives a gross morbidity percentage of 15.3% for the whole hospital during the year.

The sixty-one cases classed as morbid in two hundred and ninety-four primiparæ, give a morbidity percentage for primiparæ of 20.7%.

The eighty-two cases classed as morbid occurring in six hundred and forty multiparæ, give a morbidity percentage for multiparæ of 12.8%.

TABLE I.

TABLE OF CAUSES OF PYREXIA.

Cause.	Primip.	Multip.	Total.
Sapraemia and doubtful	18	29	47
Reactionary	12	13	25
Mammary	5	5	10
Pulmonary	—	4	4
Emotional	3	7	10
Gastro intestinal	19	16	35
Labial Abscess present before labour	—	1	1
Urinary	—	2	2
Eclampsia	2	—	2
Uraemic and Mental	0	1	1
Lobar Pneumonia	0	1	1
Thrombosis	0	1	1
Rheumatism	1	0	1
Septic Peritonitis	1	1	1
Cardiac and Albuminuria	—	1	1
Facial Erysipelas	—	1	1

All cases in which the cause of the rise of temperature is in any doubt are included under the heading of Sapraemia and doubtful.

TABLE II.

DURATION OF TEMPERATURE.

Days.	Primiparæ	Multiparæ	Total
1	37	52	89
2	16	14	30
3	5	5	10
4	—	1	1
5	1	2	3
6 or more	2	8	10
Totals ..	61	82	143

TABLE III.

RANGE OF TEMPERATURE.

Range	Primiparæ	Multiparæ	Total
100 to 101 F.	44	51	95
101 to 102°	12	17	29
102 to 103°	4	7	11
103 to 104°	0	3	3
Over 104	1	4	5
Totals ..	61	82	143

In these tables in 89 cases the temperature only rose for one day and in 95 cases never exceeded 101° F.

Taking the mean of these two numbers, namely, 92 and deducting these 92 cases and three others included under the headings Rheumatism, Pneumonia and Labial Abscess from the total of Morbid Cases we arrive at 143—95=48. * Giving a corrected Morbidity of 5.1 per cent for the whole year.

* This is the method of correcting morbidity statistics adopted by Queen Charlotte's Hospital and based on the view that the cases excluded are pathologically of little importance.

The same result would be arrived at by considering only the class in Table 1, Sapraemia and doubtful as pathologically important.

MATERNAL DEATHS.

There were six maternal deaths in the hospital during the year among nine hundred and thirty-eight patients admitted, giving a maternal mortality for the year of decimal six per cent. (·6%).

Two deaths took place in cases admitted with rupture of the uterus and vagina respectively (Nos. 182 and 283).

Two patients died of eclampsia, one of which (No. 628), had in addition symptoms of icterus gravis gravidarum ; in both of these cases Cæsarean section was performed as a forlorn hope. A living child was delivered in this way in the first case (No. 590).

Two patients died of septic peritonitis and general septic intoxication (Nos. 472 and 704).

In one of these (No. 472), a doctor outside had attempted internal version for a transverse lie without success. Version was performed after admission and a stillborn child delivered. Half an hour after delivery the patient had a rigor and temperature of 103°.6.

In the second of these (No. 704), there is evidence of the existence of a septic focus in the tubes and appendix during pregnancy. The condition of general peritonitis developed actually during labour, but was unfortunately masked by the symptoms of labour until too late for surgical treatment.

For more detailed account of these cases see Maternal Deaths and Special Cases below.

MATERNAL DEATHS AND SPECIAL CASES.

Ruptured Uterus.

No. 182. Brought up by a doctor in a cab with ruptured uterus, after Craniotomy had been performed. The woman was undelivered. Panhysterectomy was performed. The patient did not improve and died of shock the same day.

Ruptured Vagina.

No. 283. Admitted from the district after delivery.

On the out-patient district, the patient had a lateral placenta prævia, bipolar version was attempted under chloro-

form and failed. Later digital dilatation of the cervix and easy forceps delivery of a living child.

The placenta was removed manually. On giving an intra-uterine douche a tear was discovered in the anterior fornix from which omentum protruded. The wound was temporarily plugged with gauze and the patient admitted much collapsed.

Under anæsthesia the wound was explored and the prolapsed omentum cut off, the vaginal wound was plugged with gauze. Patient improved greatly for four days, then developed double pneumonia and died on the twelfth day after admission.

Post-mortem. The peritoneum was well shut off and shewed no signs of peritonitis. Pneumonia of both bases apparently lobar in character was present and recent vegetations on the mitral valve.

Septic Peritonitis.

No. 472. Septic Peritonitis following attempted version outside for Transverse lie, and internal version and delivery of stillborn child in hospital.

Patient was a healthy multipara aged 29. Previous labours normal.

Sent up to the hospital by a doctor who had diagnosed a transverse lie and attempted version without success.

On admission the Lie was right dorso anterior, the head in the right illiac fossa and the arm prolapsed, the shoulder presenting. The child was alive. Version was performed under chloroform. The cord prolapsed. Rapid delivery by jaw and shoulder traction. Child stillborn. Liquor amnii offensive. Intra-uterine douche. Half an hour later patient had a rigor. T.=103.6° P.=120.

Temperature remained between 101° and 102° till 10th day. On 11th day the uterus was explored, nothing was found. Patient's temperature rose to 104° and she got rapidly worse and died on the twelfth day.

Post-mortem. General septic peritonitis, pus partly loculated, partly free. Large abscess cavity extending from Douglas' pouch upwards, shut off by mesentery and omentum above. Some fluid in both pleural sacs, uterus general septic metritis and endometritis.

Eclampsia.

No. 590. Hard working healthy woman aged 43. 10 para. All previous labours normal.

Patient when 36 weeks pregnant had a fit and became unconscious at once ; she had two more fits, no signs of labour, urine scanty and containing blood. The child was alive.

Patient was given Tincture Veratum Viride m xx subcutem and Cæsarean section was performed under ether. A living child was delivered. Two pints of saline were left in the abdomen,

the stomach was washed out and Magnesium Sulphate given by the rectum, Croton oil by the mouth.

Later venesection was performed with improvement, which was only temporary.

The patient died without regaining consciousness and much cyanosed.

Post-mortem. The liver shewed many hæmorrhages under its capsule. Microscopically numerous areas of necrosis of liver cells about the portal vessels, and hæmorrhages.

The kidneys shewed intense acute nephritis, the tubules containing many blood casts. No gross hæmorrhages or areas of necrosis were seen either with the naked eye or microscopically. The lungs shewed marked oedema, the pleural sacs contained some excess of fluid.

Eclampsia and Inerus Gravis Gravidarum,

No. 628. Sent in by a doctor. Patient was 22, previously healthy, 2 gravida, 34 weeks pregnant, had had persistent vomiting and headache for 10 days. A week previously was noticed to be jaundiced.

August 31st. Patient had four fits with vomiting and incontinence of faeces.

Sept. 1st. More fits occurred and patient was given morphia gr. $\frac{1}{2}$, and sent to hospital.

On admission, well nourished woman apparently about 34 weeks pregnant, intensely jaundiced, comatose.

The urine contained bile and a trace of albumin. Stools dark green. Liver not felt. No Foetal Heart sounds. T=99°. P=118. Cæsarean Section performed and a macerated foetus removed.

Patient improved for two days and was able to take fluid nourishment.

The jaundice then rapidly deepened and patient again became comatose, the temperature reaching 104.8° before death on the fourth day after admission.

Post-mortem. All the organs were intensely bile stained, the liver was large and much bile stained with a few hæmorrhages. Microscopically it shewed areas of cell degeneration resembling eclampsia. The kidneys shewed cloudy swelling.

Labour with Septic Peritonitis.

704. The patient aged 23, was a primigravida. During pregnancy she complained of a good deal of abdominal pain the cause of which was not discovered.

She was admitted in labour with severe abdominal pain, apparently diffuse, and vomiting.

During the second stage of labour the temperature rose to 104°. Pulse 140.

The child was delivered with forceps, stillborn and shewing rigor mortis.

On the third day after delivery the abdomen became greatly distended and vomiting continued with diarrhoea and rapid pulse till death on the fifth day after delivery.

Post-mortem. General peritonitis of the lower third of the abdomen with thick odourless pus.

The vermiform appendix and caecum were buried in adhesions of old standing, the appendix was much thickened by attacks of inflammation, but shewed no naked eye sign of acute inflammation.

The right Fallopian tube was dilated to twice its normal size and full of pus, the abdominal ostium was closed. The left tube also contained pus and the ostium was open. The uterus appeared to the naked eye to be quite healthy.

Peritonitis was apparently due to spread of infection during labour from acute salpingitis. The condition of the appendix suggested a possible descending infection to which the tubal condition was secondary.

SPECIAL CASES.

No. 277. Transient hemiplegia with fits and albuminuria followed by symptoms of insanity.

This patient was admitted with left sided hemiplegia following three fits of epileptiform character; she had albuminuria of moderate amount. Labour was natural and a living child of thirty-six weeks maturity was born. Patient continued to have fits with twitching of different parts of the face and arms no two alike, for two days. Power was then recovered in the left side and the fits stopped.

Hallucinations that the bed was on fire developed. On the fourteenth day the mental condition had improved, but was not normal, so the patient was sent to the infirmary and was then lost sight of.

There was no previous history of epilepsy. It is difficult to say if this case should be classed as an unusual one of eclampsia, or as uræmia, or whether it is a case of some unusual form of the toxæmia of pregnancy.

Insanity.

No. 763. Admitted in labour with albuminuria. Aged 25 years 2 para. Had had scarlet fever. Labour normal, no family history of insanity. On the sixth day of puerperium delusions of persecution and melancholia with loss of memory. More delusions on the ninth day.

Sent to the infirmary.

Heart Disease.

Three patients were admitted in whom labour was complicated by Morbus Cordis.

Two were cases of mitral stenosis, one of mitral regurgitation. All were well compensated cases, and labour took place without upset of compensation and all the mothers did well

One premature child of 28 weeks was stillborn.